

# SEWER CAPACITY APPLICATION

## LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Department of Environmental Quality & Public Works

Division of Water Quality



### Notice to Applicants:

This application form and supporting documentation must be completed in its entirety and submitted to the Lexington-Fayette Urban County Government's Sanitary Sewer Tap-On Desk per Article XIII of Chapter 16 of the Code of Ordinances and Sections 16-301 through 16-306; and Section 5-30 of the Code of Ordinances.

Applicants will receive written notification that sewer capacity has been allocated or waitlisted within 10 calendar days of submitting the Sewer Capacity Application. **Capacity requests may be delayed if the application form is unsigned or contains incomplete or missing information.**

Payment of Administrative Fee of \$450.00 is required upon submission of the Sewer Capacity Application. Checks shall be made payable to the Lexington-Fayette Urban County Government.

By signing this document, the applicant hereby certifies that all the information provided in this application submittal is true and accurate to the best of their knowledge.

Submission of a Sewer Capacity Application is not required for "grandfathered" properties (i.e. developments in which a Preliminary Subdivision or Final Development Plan was approved and certified by the Urban County Planning Commission on or before July 3, 2013.)

Applicant's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Owner's Printed Name (Required only if Different from Applicant)\*: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's Signature (Required Only if Different from Applicant)\*: \_\_\_\_\_

*\*Owner's signature may be substituted in lieu of authorized documentation.*

### For Official Use Only:

Application Submittal Date:

Application Submittal Time:

Application Payment Amount:

Method of Payment/Check #:

Admin Fee Waived? ☐ YES ☐ NO

☐ Expansion Area 2

☐ Residential Remodel (no increase in dwelling units)

☐ Flow increase less than 45 gpd

☐ Residential development with plat of record

☐ Grandfather

☐ Illicit connection removal / Septic Conversion

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### PLAN INFORMATION

|   |   |  |
|---|---|--|
| <b>Box 1:</b>   | <b>Has the Planning Commission approved your Preliminary Subdivision Plan (PSP), Final Development Plan (FDP), or Authorized Amendment for this project? (Yes/No)</b> |  |
| <i>If Box 1 is "Yes" then this project is eligible for a permanent allocation.</i>                        |   |  |
| <b>Box 2:</b>   | <b>Has a Preliminary Development Plan (PDP) been submitted for this project? (Yes/No)</b>   |  |
| <i>If Box 2 is "No" then this project is not yet eligible for a Sanitary Sewer Capacity Reservation.</i>  |   |  |
| <b>Box 3:</b>   | <b>Does the Plan on file with the Planning Commission accurately reflect the currently proposed development associated with this sewer capacity request? (Yes/No)</b> |  |
| <i>If Box 3 is "No", then applicant must attach a copy of an updated development or subdivision plan.</i> |   |  |
| <b>Box 4:</b>   | <b>Is this Property covered by any other prior Plan or Amendment? (Yes/No)</b>  |  |
| <b>Box 4A:</b>  | <b>If yes to Box 4A, please identify prior Plan/Amendment.</b>  |  |

### APPLICANT INFORMATION

*Note: Information listed as the Contact is identified as the Owner's Representative. Submit documentation as Owner's representative (e.g. signed letter from Owner).*

|   |                             |                              |
|---|-----------------------------|------------------------------|
| <b>Box 5: Contact Name</b>                          | <b>Box 6: Contact Phone</b> | <b>Box 7: Contact E-mail</b> |
|   |                             |                              |
| <b>Box 8: Contact Address (w/ City, State, Zip)</b> |                             |                              |
|   |                             |                              |
| <b>Box 9: Owner Name</b>                            | <b>Box 10: Owner Phone</b>  | <b>Box 11: Owner E-mail</b>  |
|   |                             |                              |
| <b>Box 12: Owner Address (w/ City, State, Zip)</b>  |                             |                              |
|   |                             |                              |

### PROPERTY/DEVELOPMENT INFORMATION

|  |                                      |   |
|--|--------------------------------------|---|
| <b>Box 13: Plan # (e.g. 2000-100)</b>  | <b>Box 14: Plan Approval Date</b>    | <b>Box 15: Plan Type (e.g. Prelim DP, Prelim Sub. Plan)</b> |
|  |                                      |   |
| <b>Box 16: Subdivision Name &amp; Lot Number (if address unknown)</b>                                  | <b>Box 17: Developer Entity/Name</b> |   |
|  |                                      |   |
| <b>Box 16A: Property Address</b>   |                                      |   |
|  |                                      |   |
| <b>Box 18: Total Area of Project Site (Acres):</b>   |                                      | <b>Box 19: Current Zoning Designation:</b>                  |
|  |                                      |   |
| <b>Box 20: Is this development an expansion of an existing commercial structure? (Y/N)</b>             |                                      |   |
|  |                                      |   |
| If <b>Box 20</b> is "Yes", please briefly describe:  |                                      |   |
|  |                                      |   |
| <b>Box 21: Is this request located within the LFUCG Urban Service Boundary? (Y/N)</b>                  |                                      |   |
| <b>Box 22: Is there existing water service on-site? (Y/N)</b>  |                                      |   |
| <b>Box 23: Is there an existing sanitary sewer connection on-site? (Y/N)</b>                           |                                      |   |
| <b>Box 24: What is the <i>Estimated Capacity Total</i> from Line 39 on Page 3 of this application?</b> |                                      |   |
| <b>Additional Comments:</b>  |                                      |   |
|  |                                      |   |
|  |                                      |   |

|                         |   |                          |
|-------------------------|---|--------------------------|
| <b>Return completed</b> | <b>Sanitary Sewer Tap-on Desk (Tate Building)</b>               | (859) 258-3433           |
| <b>Application to:</b>  | <b>125 Lisle Industrial Ave., Ste. 180, Lexington, KY 40511</b> | <b>8:00 - 5:00 (M-F)</b> |

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### Flow Calculation Worksheet

| Line      | Type of Facility   | Total Post-Developed Number of Units | Total Existing Units | Unit          | Unit Rate in Gallons Per Day (GPD) | Requested Capacity Subtotal (GPD) |
|-----------|--|--------------------------------------|----------------------|---------------|------------------------------------|-----------------------------------|
| 1         | Single Family Residence  | ( )                                  | -                    | Units         | x 192                              | =                                 |
| 2         | Townhome   | ( )                                  | -                    | Units         | x 192                              | =                                 |
| 3         | Efficiency Apartment   | ( )                                  | -                    | Units         | x 100                              | =                                 |
| 4         | 1 bedroom Apartment  | ( )                                  | -                    | Units         | x 138                              | =                                 |
| 5         | 2 bedroom Apartment  | ( )                                  | -                    | Units         | x 175                              | =                                 |
| 6         | 3 or 4 Bedroom Apartment   | ( )                                  | -                    | Units         | x 192                              | =                                 |
| 7         | Duplex   | ( )                                  | -                    | Buildings     | x 384                              | =                                 |
| 8         | 3-Plex   | ( )                                  | -                    | Buildings     | x 576                              | =                                 |
| 9         | 4-Plex   | ( )                                  | -                    | Buildings     | x 768                              | =                                 |
| 10        | Hotel/Motel  | ( )                                  | -                    | Units         | x 138                              | =                                 |
| 11        | Hospital   | ( )                                  | -                    | Beds          | x 300                              | =                                 |
| 12        | Nursing Home   | ( )                                  | -                    | Beds          | x 150                              | =                                 |
| 13        | University Dorm (Water Efficient)                                | ( )                                  | -                    | Capita        | x 25                               | =                                 |
| 14        | University Dorm (Traditional)                                    | ( )                                  | -                    | Capita        | x 75                               | =                                 |
| 15        | Cafeteria  | ( )                                  | -                    | Capita        | x 2.5                              | =                                 |
| 16        | Catering hall  | ( )                                  | -                    | Capita        | x 7.5                              | =                                 |
| 17        | Schools  | ( )                                  | -                    | Students      | x 20                               | =                                 |
| 18        | Non-Medical Office   | ( )                                  | -                    | Sq. Feet      | x 0.06                             | =                                 |
| 19        | General Industrial   | ( )                                  | -                    | Sq. Feet      | x 0.04                             | =                                 |
| 20        | Medical Arts (e.g. Doctor's Office)                              | ( )                                  | -                    | Sq. Feet      | x 0.1                              | =                                 |
| 21        | Theatre  | ( )                                  | -                    | Seats         | x 5                                | =                                 |
| 22        | Bowling Alley  | ( )                                  | -                    | Lanes         | x 100                              | =                                 |
| 23        | Church   | ( )                                  | -                    | Capitas       | x 1.5                              | =                                 |
| 24        | Bar/Lounge/Disco   | ( )                                  | -                    | Seats         | x 15                               | =                                 |
| 25        | Restaurant (With Dishwasher)                                     | ( )                                  | -                    | Seats         | x 30                               | =                                 |
| 26        | Restaurant (Fast Food)   | ( )                                  | -                    | Seats         | x 20                               | =                                 |
| 27        | Convenient Store (Food Processing)                               | ( )                                  | -                    | Sq. Feet      | x 0.15                             | =                                 |
| 28        | Dry Store  | ( )                                  | -                    | Sq. Feet      | x 0.03                             | =                                 |
| 29        | Market   | ( )                                  | -                    | Sq. Feet      | x 0.05                             | =                                 |
| 30        | Service Station  | ( )                                  | -                    | Pumps         | x 300                              | =                                 |
| 31        | Shopping Center  | ( )                                  | -                    | Sq. Feet      | x 0.02                             | =                                 |
| 32        | Warehouse  | ( )                                  | -                    | Sq. Feet      | x 0.02                             | =                                 |
| 33        | Barber Shop/Beauty Salon   | ( )                                  | -                    | Chair/Station | x 200                              | =                                 |
| 34        | Country Club   | ( )                                  | -                    | Sq. Feet      | x 0.3                              | =                                 |
| 35        | Swimming Pool  | ( )                                  | -                    | Capita        | x 20                               | =                                 |
| 36        | Laundry  | ( )                                  | -                    | Washers       | x 425                              | =                                 |
| 37        | Car Wash   | ( )                                  | -                    | Bays          | x 6840                             | =                                 |
| 38        | Other/Manual Entry *   | ( )                                  | -                    | GPD           | x 1                                | =                                 |
| <b>39</b> | <b>Sum of Lines 1 through 38 is the Estimated Capacity Total</b> |                                      |                      |               |                                    | <b>=</b>                          |

\* If Other/Manual Entry utilized, applicant must provide the source/basis for the Unit Rate assumed.